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## 471-000-234 Guidelines For Social History

<u>Reason For Admission</u>: This should include who made the referral and requested admission; and note whether the resident was involved in the decision.

<u>Family History</u>: This should include the full names of children, addresses, and phone numbers with notation of the family member most supportive to the resident.

Significant Other: Friends and relatives, other support systems.

**Previous and Current Living Arrangements:** 

Religion: With notation made of the importance to the patient and/or the family.

Education History: Place of attendance if possible.

Occupation/Employment History: Before and after retirement.

<u>Leisure Time Interests and Activities</u>: With special notation of activities enjoyed during the five years prior to admission and current attitude toward the same.

<u>Living Habits</u>: Was the individual an early riser or a late sleeper, time usually retired; did own housework, grocery shopping, prepared meals; downtown visits on regular basis for mail; coffee breaks with friends; visit with friends; had a pat, etc., and what is their current attitude toward these activities.

Socialization Patterns: Apparent compatibility with others now and in the recent past.

<u>Problem Solving</u>: Observed and reported methods of coping with problems and attempting their solution.

Name of Person Responsible for Personal Funds: (i.e., relative, legal quardian, conservator, etc.)

## **Burial Plans:**

<u>Apparent Adjustment</u>: Including hopes, fears and complaints of the resident and significant relatives regarding (1) current illness and disability; (2) current placement; and (3) care regimen.

Source of Information: Patient of family member of both, physician, friends, etc.